STRATEGY SESSION: Retention

Steering Committee member:

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Clinical Director
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Best Practice:

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Robert Sawyer, M.D., Otolaryngologist, actively doing surgery, teaching medical students and residents.
Associate Professor of Otolaryngology - H&N Surg., Johns Hopkins University, 1988 to 2000.
Associate Professor of Surgery, University of Maryland School of Medicine, 1991 to present.
VA Maryland Health Care System (VAMHCS): Associate Director Surgical Care Center.
VAMHCS Chief of Clinical Informatics Service (CIS), 2000 to present.

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Facilitator:

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Greg Finnegan is Director of Organizational Development and Training for The Johns Hopkins Hospital. He is charged with initiating organization development strategies to improve performance of people and processes, and developing systematic training of the Hospital's managers and supervisors from lead positions to supervisors to managers, through to the development of the next generation of administrators and directors. Greg's 27 years in healthcare includes managing the management engineering function. He has written and presented on the topic of creating performance improvement strategies and results. Born in Chicago, he has worked within both the Johns Hopkins Health System and The Johns Hopkins Hospital for nine years. He has an MBA from DePaul University.

Retention Strategy Session

- Increase retention rates of Maryland's current healthcare workforce
- Improve healthcare workplace environment
- Increase healthcare worker satisfaction

Recommended Initiatives:

Expansion of Technology to reduce employee stress and medical error

Need addressed:

- Targets incumbent healthcare workforce
- Decrease paperwork done in the workplace
- Increase use of technology to ease stress and improve efficiency
- Enable all healthcare environments to adopt technology

Outcome achieved:

- Increase retention of healthcare staff
- Technology replaces tedious paperwork
- Industry-wide use of technology systems
- Identification of new areas for implementing technology in the workplace

Enhance workplace culture through mentoring programs for new employees

Need addressed:

- Retention of new healthcare graduates into workplace
- Provide outlet to maintain employee satisfaction
- Improve workplace culture

Outcome achieved:

- Increase new hire satisfaction
- Development of industry-wide mentoring system
- Utilize new hire suggestions to improve workplace culture
- Decrease employee turnover

Retention Best Practice

Veterans Affairs Maryland Health Care System
Clinical Informatics

In an age when technology is changing everything from the way we communicate to the way we do business, the VA Maryland Health Care System (VAMHCS) is using advanced clinical technology to revolutionize patient care. As clinical informatics and the systems in this field emerge, medical facilities are putting greater emphasis on the technology that improves communication and decision-making among care providers and administrators. The health care system is doing its part to transform itself into a virtually paperless delivery system by computerizing everything from patient records to diagnostic imaging to medication administration.

While medical colleges throughout the country are just beginning to embrace informatics as a viable means of sharing knowledge and data to improve patient care, the VA Maryland Health Care System is considered a trailblazer in the field among its peer facilities. Still, nearly all who have come to rely on technology as a primary knowledge source for clinical information agree that it is a far superior substitute to paper pushing.

The VA Maryland Health Care System created the Clinical Informatics Service to help bridge the medical world with the computer world without overwhelming staff trying to provide quality care to veterans. At the click of a mouse, clinicians are able to retrieve laboratory and x-ray results and get graphs of weight, blood pressure and a host of other items. "We are trying to duplicate in the electronic world what has been done on paper, and then move beyond that," explains Dr. Robert Sawyer, Chief of Clinical Informatics at the VAMHCS. "With the electronic record, prior notes and reports don't have to wait until someone inserts them into a paper chart."

The Computerized Patient Records System, also known as CPRS, is a comprehensive clinical software package with multiple applications that was implemented to enhance the quality and efficiency of care. Launched in 1998, CPRS allows VA clinicians to create, edit and view patients' information, progress notes, orders and results data. Information such as alerts, notifications, advanced directives, future appointments, demographic data and current medications are also available to the user on a single screen. Scanning through the pages of a patient's virtual chart, a clinician is able to add new orders, review problems and write progress notes in several formats. A user-friendly, integrated package that enhances and expedites decision-making capabilities for frontline clinicians, CPRS is changing the face of medical care at the VA Maryland Health Care System.

Another automated system that is advancing the VA Maryland Health Care System toward a paperless environment is the Bar Code Medication Administration (BCMA). A point-of-care system for validating medication administration, BCMA is improving accuracy and efficiency of the medication administration process. BCMA utilizes bar code readers that scan patients' wristbands to validate that the correct medications are ordered, in the correct dosage and given to the correct patient at the right time. Medication administration history is also updated automatically through the BCMA system.

"BCMA decreases the time needed for transcription and ordering of medications and virtually eliminates the possibility of human error," says Mary Dellario, RN, a nurse case manager who works with the bar coding system in the Medical Care Clinical Center. "With documentation of medications more standardized, BCMA provides an excellent database, which can be easily accessed from any terminal in the hospital."

Filmless radiology, more formally known as the Picture Archiving and Communication System or PACS, was one of the first new technologies used by the VA Maryland Health Care System on the clinical informatics map. In 1993, when the VA Medical Center relocated to its current Baltimore campus, the PACS debuted as the first of its kind in the nation. Using four-monitor workstations, PACS allows radiologists to capture images in a digital mode and distribute those images throughout the medical center to various individuals simultaneously. A state-of-the-art system, the PACS network includes computed radiography (CR) units, CT scanners, angiography units, an MRI system, SPECT cameras and a cardiac cath lab. By enabling radiologists to interpret exams in real-time, PACS increases their participation in patient care decision-making and efficiency in the overall imaging management process. The system also virtually eliminates the risk of lost film and significantly reduces the patient's exposure to radiation.

Transitioning to filmless operation has more than exceeded the VA Maryland Health Care System's goals for improved image accessibility and increased productivity.

With a growing emphasis on clinical computing systems that strengthen communication, improve patient safety and enhance efficiency, the VA Maryland Health Care System is advancing confidently into the future of health care. At the heart of these bold new initiatives, the VA's mission to provide quality, compassionate and accessible service to Maryland's veterans remains steadfast.

Source: Department of Veterans Affairs, Press Release

Initiative Evaluation Criteria

Need Addressed
- Identification of targeted population(s) served
- Need identified to address population(s) need

Outcome Attainment
- Potential outcomes of recommended initiatives
- Adequate in resolving need
- Potential to add value to goals of strategy

Ease of Implementation
- Commitment and coordination of stakeholders
- Political viability
- Institutional capacity to achieve objective

Opportunity for Public/Private Partnership
- Potential for outcome attainment through partnership
- Initiative aided by joint support of public and private sectors

Maryland Best Practices

Retention

Expansion of Technology to Reduce Employee Stress and Medical Error

Anne Arundel Medical Center
Goal: Expand the use of technology in the medical center

Key Components:

- Implemented the Picture Archiving and Communication System (PACS) which stores and transmits radiology images;
- Implemented an inventory system called Par Excellence, which tracks where all of the medical equipment is stored and being used;
- Uses a mobile intranet system so that medical staff can have instant access to each other and access to patient medical records while at the bedside.

Results:

- In 2002, Anne Arundel Medical Center was named one of the top 100 Most Wired hospitals.

Source: Anne Arundel Medical Center Press Release, "Anne Arundel Medical Center Named Among the Nation's "Most Wired" Hospitals", July 26, 2002.

Johns Hopkins Hospital
Goal: Use technology to create a better staff scheduling system

Key Components:

- Implemented the Nightingale scheduling system (made by VasTech in Annapolis);
- Nurses enter their scheduling preferences via the Internet at their convenience;
- The system stores the skill level information for each worker and remembers his or her preferences;
- The administrators enter in the staffing requirements, including skill levels, for each shift;
- The system creates a schedule that matches the preferences of the staff with the staffing and skill level needs to produce a schedule that meets everyone's needs.

Results:

- Before the Nightingale system, it took approximately 40 hours each month to make the schedule;
- With the system in place, it takes approximately 10-12 hours.

Source: California HealthCare Foundation, "The Nursing Shortage: Can Technology Help?", June 2002, www.chcf.org, accessed July 2003.

Enhance Workplace Culture through Mentoring Programs for New Employees

Sinai Hospital
Goal: Provide mentoring to new nurses

Key Components:

- Established new position called a "special assistant;"
- Special assistant fosters mentorships between staff nurses and new nurses;
- The "special assistant" is akin to patient care associates but for the new nurses instead of the patients.

Source: The American Organization of Nurse Executives, "Healthy Work Environments: Striving for Excellence Volume II" May 2003, www.aone.org, accessed July 2003.

North Arundel Hospital
Goal: Lessen the administrative duties of nurse managers so that they can have time to counsel nursing staff

Key Components:

- Received a state Nurse Support Program (NSP) grant;
- Funded six nursing unit "administrative coordinator" positions.

Results:

- Nurse manager's time spent on clerical tasks reduced from 42% to 5%;
- Time devoted to coaching, mentoring and retaining staff increased from 10% to 57%;
- Vacancy rate for nursing staff in ICU/CCU decreased from 42% to 0%;
- Vacancy rate for nursing staff in ED decreased from 12.6% to 2%.

Source: Maryland Hospital Association

Carroll County General Hospital
Goal: Retain new nurses through mentoring program

Key Components:

- Experienced clinicians in all service lines were handpicked for the positions;
- Mentors serve as a primary contact point for a new hires' first year;
- Mentor's full time job is to provide daily support through coaching and answering questions;
- Additional financial resources provided by an $86,000 state Nursing Support Program grant from the Health Services Cost Review Commission.

Results:

- Nursing vacancy rate has fallen from 17% to just under 5%.

Source: Maryland Hospital Association

Other State Stories

Retention Strategy Session

Expansion of Technology to Reduce Employee Stress and Medical Error

State Stories: Pennsylvania

Susquehanna Health System in Williamsport, PA

Goal: Implement new technology to automate paperwork so that nursing staff can spend more time with patients and patients are more satisfied with their care

Key Components:

- Get the nurses involved from the beginning. Susquehanna Health System had a team of 15 nurses use and evaluate the system before implementing;
- Team found that older nurses did not like having mobile devices that they carry around the unit; instead they opted for a device that mounted on a cart that can also carry other items;
- In 2001, Susquehanna Health System implemented a Nurse Portal where the nurse can have easy access to patient information and test results;
- Nurse Portal has automatic triggers to send alerts and referrals to other healthcare staff that may be needed.

Results:

- Under the paper system it took an average of 40 minutes to admit a patient. Using the new technological system, it takes 10–15 minutes.
- In 2002, 81–100% of nurses' notes were accessible using mobile wireless devices. The average of the winners of 2002 Most Wired awards from HHN Most Wired Magazine was only 1-20%.

Source: Hoppszallern, Suzanna, "It's All About Nursing: Freeing Up RNs for Patient Care", Hospitals and Health Networks Most Wired Magazine, June 2003.

State Stories: New York

St. Peter's Hospital of Albany, New York

Goal: Fill nursing vacancies using an approach similar to Priceline and E-Bay

Key Components:

- Built a website called RNJobs in which nurses could view current vacant shifts and bid for them (using an hourly wage);
- Nurse manager reviews the bids and then selects the worker;
- Website is not limited to nurses within the hospital although other nurses must complete a thorough screening process before bidding;
- Since the website was built in-house it was relatively simple and inexpensive to implement.

Results:

- Currently, two-thirds of those who bid on the site are already workers of St. Peter's who are looking to pick up overtime shifts;
- This system allows employees to be in control of their overtime schedule;
- The site has worked as a recruiting tool with many of the workers from outside St. Peter's taking on permanent positions after bidding on vacant shifts.

Source: California HealthCare Foundations, "The Nursing Shortage: Can Technology Help?", June 2002, www.chcf.org, accessed July 2003.

State Stories: California

Adventist Health

Goal: Use technology to simplify and standardize patient education and training

According to a 2002 National survey, 58% of nurses reported that at least once a week they do no have enough time for patient education and training.

Key Components:

- Implemented the Phoenix education system through which nurses can have electronic access to patient education materials;
- Materials can be easily modified for different patients and can be given in Spanish;
- System tracks who has given what information to each patient and documents it;
- System also tracks follow-up information given to the patient.

Source: California HealthCare Foundations, "The Nursing Shortage: Can Technology Help?", June 2002, www.chcf.org, accessed July 2003

State Stories: Kentucky

Jewish Hospital in Louisville, KY

Goal: Use technology for patient documentation and equipment management

Key Components:

- Implemented three-year initiative to introduce technological systems for patient documentation and equipment management;
- The patient documentation system allows nurses to document patient care electronically at the bedside so there is no need to manually document and then transcribe into a computer;
- Any medical team member can access the patient files in real-time, instead of tracking down other medical staff members;
- The equipment management system allows staff to know the location of all equipment and can deploy this equipment easily to certain units.

Results:

- The patient documentation system not only decreases paperwork and allows more time for the direct-line worker with the patient, but also eliminates mistakes from bad handwriting;
- The equipment management system keeps track of where the equipment is and also keeps track of scheduled maintenance, updating, and cleaning.

Source: The American Organization of Nurse Executives, "Healthy Work Environments: Striving for Excellence Volume II", May 2003, www.aone.org, accessed July 2003.

Enhance Workplace Culture through Mentoring Programs for New Employees

STATE STORIES: VIRGINIA

Carilion Medical Center in Roanoke, Virginia

Goal: Create mentorships for students during medical rotations

Key Components:

- Began Adopt-a-Nurse program for students in medical rotations;
- Provides students with a formal mentorship with one mentor throughout their entire clinical rotations;
- Students establish a relationship with their mentor and are exposed to the realistic side of the healthcare workplace;
- Attractive promotional material about program given out to students.

Results:

- Nursing staff willingly volunteers to become mentors;
- Center hired 100 new Registered Nurse graduates in 2001 (47% increase from 2000).

Source: American Hospital Association. "Health Care Workforce: Ideas in Action". Case Example. January 2003. www.hospitalconnect.com, accessed July 2003.

STATE STORIES: INDIANA

Indiana University School of Nursing

Goal: Help ease the transition from student to RN

Key Components:

- Created Capstone Practicum course into the curriculum;
- Course was a collaboration between the college, nurses and local hospitals;
- Students are paired with a mentor and a faculty member for 4 weeks (112 hours);
- Students job shadow their mentors.

Source: Williams, Debra. "Welcome to the Real World – Featured Stories", Minority Nurse.com, www.minoritynurse.com. Accessed July 2003

STATE STORIES: CALIFORNIA

San José State University School of Nursing in San José, CA

Goal: Mentor multicultural student body (75% of students are persons of color)

Key Components:

- Created professional nurse mentor positions and pair students with mentor;
- Created peer mentoring system where students at advanced levels serve as big brothers/sisters to mentees;
- Created Faculty mentors who will know more about what services are available from the school;
- Focuses on assisting in cultural communication and interpersonal skills of students who may have problems understanding faculty or other students.

Source: Abriam-Yago, Katherine, RN, EdD. "Mentoring to Empower", Minority Nurse.com, www.minoritynurse.com, accessed July 2003.

STATE STORIES: OHIO

St. Luke's Hospital in Maumee, OH

Goal: Improve the physician-nurse-patient relationship

Key Components:

- Created a Nurse-for-a-Day program for physicians;
- Physicians paired with a floor nurse for a day and walks the physician through a typical day.

Results:

- Physicians understand more of what nurses must do during a day , therefore, improving understanding and communication.

Source: Ohio Hospital Association, Ohio Hospital Workforce Forum: Nurse-for-a-Day, www.ohanet.org, accessed February 2003

STATE STORIES: FLORIDA

University of Florida and Bethune-Cookman College

Goal: Increase minority student enrollment in graduate nursing programs at UF

Key Components:

- Created the Gator-Cats Mentoring Program as a central element of partnership;
- Proves mentoring, career counseling and financial planning advice;
- Students offered workshops on GRE preparation, application processes, research methodologies, time management, etc.;
- Created faculty workshops to heighten their sensitivity to cultural issues.

Source: American Association of Colleges of nursing. ""Effective strategies for Increasing Diversity in Nursing Programs", www.aacn.nche.edu, accessed July 2003